AMENDMENT TRANSMITTAL LETTER						Docket No. HOI-14302/16	
Application No. 10/560,519-Conf. #5664				Examiner			Art Unit
				M. C. Henry	. C. Henry		
licant(s): Inge	Dorthe Hanse	n					
ention: TREAT	MENT OF SY	MPTOMS ASS	OCIATED W	ITH BA	CTERIAL VA	GINOSI	3
	тс	THE COMMI	SSIONER FO	OR PAT	TENTS		
ansmitted here	with is an ame	ndment in the	above-identif	ed app	lication.		
e fee has beer	calculated and	d is transmitted	d as shown b	elow.			
			S AS AMENI	DED			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Bate		
Total Claims	31	- 32 =	0	х	26.00		0.00
ndependent Claims	3	- 4 =	0	х	110.00		0.00
Multiple Depend	lent Claims (ch	ock if applicable	<u>,                                    </u>				
Large Entity				х	Small Entity		0.00
_	I fee is require						
_	ge Deposit Acc						<u> </u>
=	e amount of \$			the filin	g fee is enclo	sed.	
_ ` `	credit card. Fo						
	is hereby auth below. A dup					07	-1180
x Credit ar	ny overpaymen	t.					
x Charge a	ny additional filir	ng or application	processing fe	es requ	ired under 37 (	CFR 1.16	and 1.17.
Julie K. Staple Attorney/Agent	1 6 1	134			Dated:	lanuary	3, 2011
GIFFORD, KRA 2701 Troy Cent Post Office Box	SS, SPRINKL er Drive, Suite	E, ANDERSO	N & CITKOW	SKI, P.	C.		